

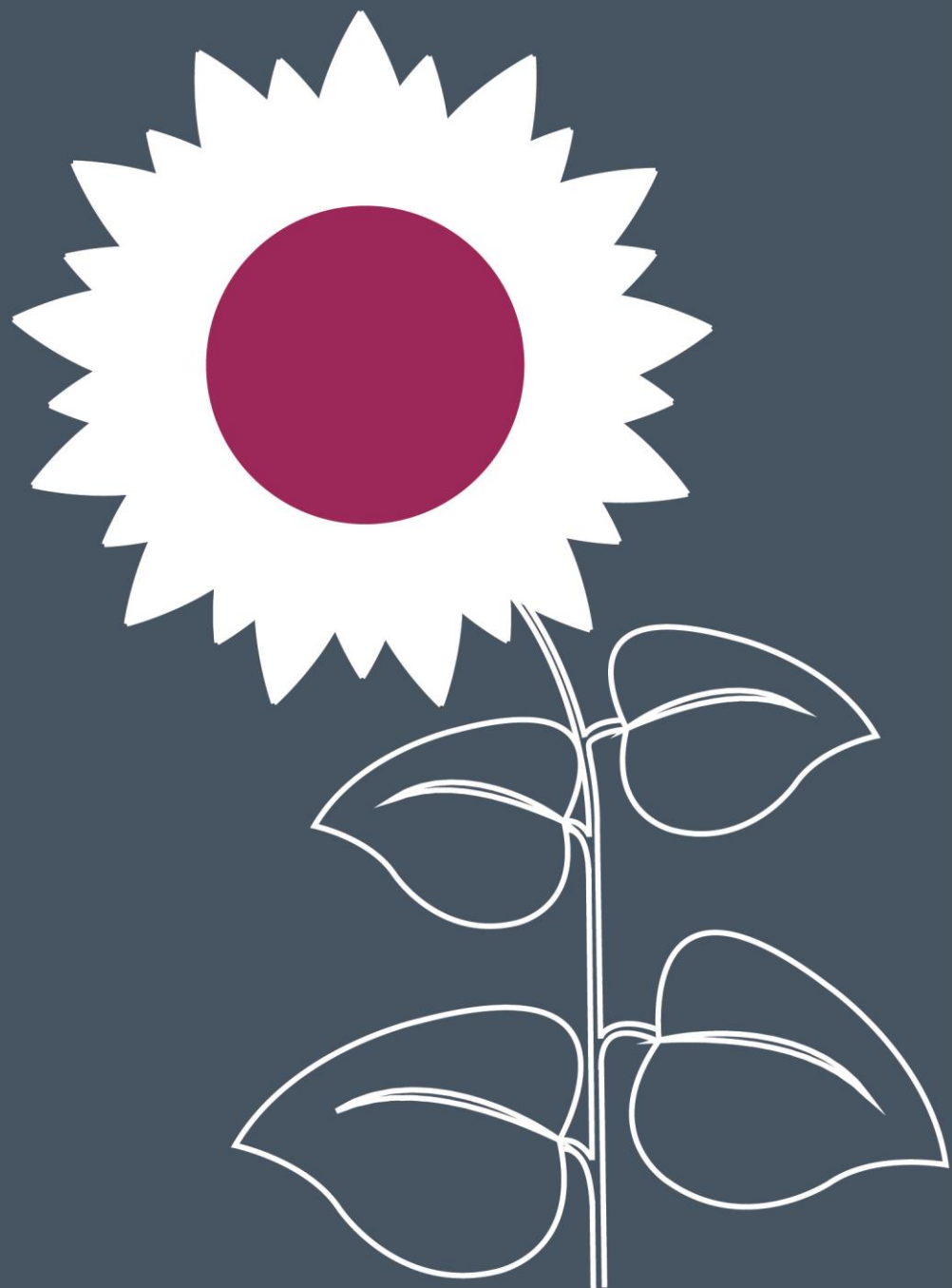


City of  
**Stoke-on-Trent**

# Terminal Illness and Death

Tri x 4\_6\_7 February 2021

Review February 2022



# TERMINAL ILLNESS AND DEATH

## 1.0 Terminal Illness

- 1.1 In all cases where children are known to be terminally ill, care planning meetings must take place regularly so that the child's needs at different stages of the illness can be met appropriately.
- 1.2 Whenever possible the parents should be informed as soon as possible by a social worker known to them and in whom they have confidence. Where contact has been terminated, legal advice should be sought urgently re visiting arrangements
- 1.3 A decision may need to be made about a terminally ill child remaining in the children's home or foster home. Medical advice should be taken and the wishes of the child and of the birth parents should be considered in making this decision.

### **Agreements to Treatment/Stopping Treatment**

- 1.4 In all situations it is the persons with parental responsibility who give permission for treatment, for not giving treatment and for stopping treatment.
- 1.5 Wherever possible all persons with parental responsibility should be consulted and should receive the advice of the consultant involved in the child's care.

### **PRACTICE GUIDANCE**

- Where the child is on a Care Order, birth parents wishes should only be set aside following legal advice.
- Where those with parental responsibility cannot be traced and the child is on a Care Order, legal advice must be taken before making a decision.

- 1.6 Any decisions on treatment, not giving treatment and stopping treatment for children for whom the local authority has parental responsibility will be made by the Assistant Director.
- 1.7 Cultural and religious issues may have particular relevance when a child is dying and staff should show sensitivity about the need for a christening/last rites or specific arrangements needed by a particular religion or culture.

## 2.0 Death/Serious Injury of a Child in Care

- 2.1 If a child in care dies or is seriously injured, the social worker must prepare a Critical Case Briefing for the CIC Strategic Manager. The Briefing will outline:
- Child/ren's/ Family Names and Address;
  - Child's date of birth
  - Child's Legal Status
  - A short Chronology of involvement;
  - The Reasons the child is in care;
  - Type and address of placement
  - Details of placement history
  - Date of death/injury
  - Cause of death/injury
  - Dates and details of any Child Protection registrations
  - Details of any inquest and criminal proceedings
  - Involvement of parents and supports being offered
  - Funeral arrangements (if applicable)
- 2.2 The Briefing should be signed by the allocated worker and the Principal Manager as a correct record of the circumstances and forwarded to the Strategic Manager, along with the most recent minutes of any strategy discussion or statutory review.
- 2.3 The Strategic Manager will check the content of the information provided to ensure confidentiality and quality assurance issues have been addressed and amend the Critical Case Briefing as necessary.
- 2.4 The CIC Strategic Manager will provide the Assistant Director with a verbal briefing of the case and a copy of the Critical Case Briefing.
- 2.5 The parents and siblings (if also in care) should be informed of the injury or death by Children and Family Services, Early Intervention and Children's Social Care.
- 2.6 If abuse, including self-harm and neglect, are known or suspected to be a factor in the death/injury the Safeguarding Strategic Manager should also be informed.
- 2.7 The social worker should be available to give support to the birth parents/carers and to help with immediate practical arrangements.
- 2.8 If the child dies, the social worker should ensure the child's belongings are removed from the hospital ward and returned to parents or carers at an appropriate time.
- 2.9 The birth parents and/or carers may wish to see the child's body and the social worker should arrange with the hospital staff for this to happen.

Cultural/religious observances may be particularly important for the birth family at this time.

- 2.10 The social worker should ascertain where and when the death certificate can be collected and offer to collect it and deliver it to whoever is registering the child's death.

#### **PRACTICE GUIDANCE**

- If the child has died of a long term illness in the carers' home or children's home and there is no need for a post mortem, the child's GP can issue the death certificate.
- If the child has died in hospital, the hospital doctor will issue the death certificate and the ward staff will be able to give the Social Worker details on where and when to collect it.
- Where a post mortem and/or inquest is necessary, a death certificate cannot be issued until these have been completed. In these situations advice should be obtained from the ward staff or the coroner's office.

- 2.11 When a child in care dies, consideration will need to be given to the need for a case review under Part 8 of Working Together to Safeguard Children. In situations where either the child is subject of a child protection plan, or dies in suspicious circumstances consideration may need to be given to safeguarding any other children involved.

- 2.12 The Critical Case Briefing will form the basis of Children and Families report to the DfE.

- 2.13 In the event of a child/young person's death, the wishes of the parents should be observed for the funeral arrangements. The parents will usually be responsible for the funeral costs. In circumstances where Children and Family Services need to meet the costs associated with the child's death and funeral, the following limits will apply:

- Hearse
- Maximum of 2 funeral cars
- Grave or crematorium fees
- Memorial or headstone